

SUPERIOR COURT, COUNTY OF ALAMEDA
SELF-HELP SERVICES

FEE WAIVER INSTRUCTIONS

SELECTED FILING FEES*

7/28/2009

Family Law Filing Fees

Petition for Dissolution, Legal Separation, Nullity	\$355.00
Petition to Establish Paternity, Emancipation of Minor,	
Petition for Summary Dissolution OR RESPONSE OR	
FIRST PAPERS BEHALF OF ANY RESPONDENT/DEFENDANT,	
INTERVENER OR ADVERSE PARTY	
Notice of Motion, Order to Show Cause or any other	\$ 40.00
Papers Requiring a Hearing Subsequent to the first paper	
Motion, Order to Show Cause or other proceeding	\$ 65.00
Seeking to modify or enforce Custody and Visitation issues	
Motion for Continuance of Trial -- When Granted	\$ 40.00

Limited Civil

Complaint and Answer \$10,000.00 or less	\$205.00
Complaint and Answer \$10,000 to \$25,000	\$330.00
Motion or other requiring a hearing	\$ 40.00

Unlimited Civil

Complaint	\$355.00
Answer or first paper filed by each party, per defendant	\$355.00 ea
Motion or other requiring a hearing	\$ 40.00

Unlawful Detainer

Complaint \$10,000.00 OR LESS	\$220.00
Answer or other first paper filed by other than plaintiff \$10,000.00 OR LESS	\$205.00

Small Claims

\$1,500.00 OR LESS	\$ 30.00
\$1,500.00 TO \$5,000.00	\$ 50.00
\$5,000.00 TO \$7,500.00	\$ 75.00

Probate

First-filed petition	\$355.00
Second or subsequent petition (will contest/revocation, appointment of conser- tor or guardian)	\$355.00
Petition for appointment of guardian of the <u>Person ONLY</u>	\$205.00

Copy & Certification

Copy fee per page	\$ 0.50
Certified copy of Judgment of dissolution (applicant other than public agency)	\$ 25.00
Certified copy of any other document	\$ 25.00

(*CONDENSED SCHEDULE, NOT ALL FEES INCLUDED)

WARNING: This self-help information and/or instructions are not offered to take the place of legal advice. Self-Help Services does not provide legal advice nor can we act as your lawyer. You must see a lawyer for legal advice. Self-Help Services provides neutral assistance to all parties and we are not responsible for the outcome of your case.

INFORMATION SHEET ON WAIVER OF SUPERIOR COURT FEES AND COSTS

If you have been sued or if you wish to sue someone, or if you are filing or have received a family law petition, and if you cannot afford to pay court fees and costs, you may not have to pay them in order to go to court. If you are getting public benefits, are a low-income person, or do not have enough income to pay for your household's basic needs *and* your court fees, you may ask the court to waive all or part of your court fees.

1. To make a request to the court to waive your fees in superior court, complete the *Request to Waive Court Fees* (form FW-001). If you qualify, the court will waive all or part of its fees for the following:
 - Filing papers in superior court (other than for an appeal in a case with a value of over \$25,000)
 - Making and certifying copies
 - Sheriff's fee to give notice
 - Court fees for telephone hearings
 - Reporter's daily fee (*for up to 60 days after the grant of the fee waiver, at the court-approved daily rate*)
 - Preparing, certifying, copying, and sending the clerk's transcript on appeal.
 - Giving notice and certificates
 - Sending papers to another court department
 - Having a court-appointed interpreter in small claims court
2. You may ask the court to waive other court fees during your case in superior court as well. To do that, complete a *Request to Waive Additional Court Fees (Superior Court)* (form FW-002). The court will consider waiving fees for items such as the following, or other court services you need for your case:
 - Jury fees and expenses
 - Fees for court-appointed experts
 - Reporter's daily fees (*beyond the 60-day period after the grant of the fee waiver, at the court-approved daily rate*)
 - Fees for a peace officer to testify in court
 - Court-appointed interpreter fees for a witness
 - Other necessary court fees
3. If you want the Appellate Division of Superior Court or the Court of Appeal to review an order or judgment against you and you want the court fees waived, ask for and follow the instructions on *Information Sheet on Waiver of Appellate Court Fees, Supreme Court, Court of Appeal, Appellate Division* (form APP-015/FW-015-INFO).

IMPORTANT INFORMATION!

- **You are signing your request under penalty of perjury. Please answer truthfully, accurately, and completely.**
- **The court may ask you for information and evidence.** You may be ordered to go to court to answer questions about your ability to pay court fees and costs and to provide proof of eligibility. Any initial fee waiver you are granted may be ended if you do not go to court when asked. You may be ordered to repay amounts that were waived if the court finds you were not eligible for the fee waiver.
- **If you receive a fee waiver, you must tell the court if there is a change in your finances.** You must tell the court within five days if your finances improve or if you become able to pay court fees or costs during this case. (File *Notice to Court of Improved Financial Situation or Settlement* (form FW-010) with the court.) You may be ordered to repay any amounts that were waived after your eligibility came to an end.
- **If you receive a judgment or support order in a family law matter:** You may be ordered to pay all or part of your waived fees and costs if the court finds your circumstances have changed so that you can afford to pay. You will have the opportunity to ask the court for a hearing if the court makes such a decision.
- **If you win your case in the trial court:** In most circumstances the other side will be ordered to pay your waived fees and costs to the court. The court will not enter a satisfaction of judgment until the court is paid. (This does not apply in unlawful detainer cases. Special rules apply in family law cases. (Government Code, section 68637(d), (e).))
- **If you settle your civil case for \$10,000 or more:** Any trial court waived fees and costs must first be paid to the court out of the settlement. **The court will have a lien on the settlement in the amount of the waived fees and costs.** The court may refuse to dismiss the case until the lien is satisfied. A request to dismiss the case (use form CIV-110) must have a declaration under penalty of perjury that the waived fees and costs have been paid. Special rules apply to family law cases.
- **The court can collect fees and costs due to the court.** If waived fees and costs are ordered paid to the trial court, the court can start collection proceedings and add a \$25 fee plus any additional costs of collection to the other fees and costs owed to the court.
- **The fee waiver ends.** The fee waiver expires 60 days after the judgment, dismissal, or other final disposition of the case or earlier if a court finds that you are not eligible for a fee waiver.
- **If you are in jail or state prison:** Prisoners may be required to pay the full cost of the filing fee in the trial court but may be allowed to do so over time.

FW-001

Request to Waive Court Fees

CONFIDENTIAL

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Clerk stamps date here when form is filed.

Fill in court name and street address:

LEAVE BLANK

Fill in case number and name:

Case Number: LEAVE BLANK UNLESS YOU KNOW YOUR CASE NUMBER

Case Name: LEAVE BLANK

1 Your Information (person asking the court to waive the fees):

Name: YOUR NAME

Street or mailing address: YOUR ADDRESS

City: YOUR CITY, STATE, & ZIP CODE State: Zip:

Phone number: YOUR PHONE NUMBER

2 Your Job, if you have one (job title): YOUR JOB TITLE

Name of employer: NAME OF YOUR EMPLOYER

Employer's address: YOUR EMPLOYER'S ADDRESS

3 Your lawyer, if you have one (name, firm or affiliation, address, phone number, and State Bar number):

WRITE: "IN PRO PER" (WHICH MEANS YOU ARE REPRESENTING YOURSELF)

MARK NO

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☒

b. (If yes, your lawyer must sign here) Lawyer's signature:

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 What court's fees or costs are you asking to be waived? IN #4 MARK FIRST BOX

- ☒ Superior Court (See Information Sheet on Waiver of Superior Court Fees and Costs (form FW-001-INFO).)
- ☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See Information Sheet on Waiver of Appellate Court Fees and Costs (form APP-015/FW-015-INFO).)

5 Why are you asking the court to waive your court fees?

- a. ☐ I receive (check all that apply): ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)
- b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

MARK ONLY ONE: a., b. OR c.

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$375 for each extra person.
1	\$1,083.54	3	\$1,888.34	5	\$2,583.34	
2	\$1,458.34	4	\$2,208.34	6	\$2,958.34	

- c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (Explain): (If you check 5c, you must fill out 7, 8 and 9 on page 2 of this form.)

6 Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here.)

MARK #6 ONLY IF YOU FILED A FEE WAIVER IN THIS SAME CASE BEFORE.

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: TODAY'S DATE

YOUR NAME

Print your name here

YOUR SIGNATURE

Sign here

Your name: YOUR NAME

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7 ☐ Check here if your income changes a lot from month to month.
Fill out below based on your monthly income.

8 Your Monthly Income

- a. Gross monthly income (before taxes)
List each payroll deduction and amount.

(1) _____
(2) _____
(3) _____
(4) _____

- b. Total deductions (add 8a (1)-(4))

- c. Total monthly take-home pay (8a minus 8b)

- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.

(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____
(4) _____ \$ _____

- e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

- b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

IF YOU CHECKED #5a ON THE FIRST PAGE
YOU ARE DONE (DON'T FILL OUT THIS PAGE).

IF YOU CHECKED #5b ON THE FIRST PAGE
FILL OUT #s 7, 8, and 9 ONLY.

IF YOU CHECKED #5c ON THE FIRST PAGE
FILL OUT EVERYTHING ON THIS SIDE OF THE
FORM. MAKE SURE YOU ANSWER ALL THE
ITEMS ON THIS PAGE AND THAT YOUR
INFORMATION IS TRUE AND COMPLETE.

Financial accounts (List bank name and amount):

Boats, and other vehicles	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

Real estate Address	Fair Market Value	How Much You Still Owe
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):	Fair Market Value	How Much You Still Owe
(1) Describe _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ _____
b. Food and household supplies \$ _____
c. Utilities and telephone \$ _____
d. Clothing \$ _____
e. Laundry and cleaning \$ _____
f. Medical and dental expenses \$ _____
g. Insurance (life, health, accident, etc.) \$ _____
h. School, child care \$ _____
i. Child, spousal support (another marriage) \$ _____
j. Transportation, gas, auto repair and insurance \$ _____
k. Installment payments (list each below):

Paid to:
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

- l. Wages/earnings withheld by court order \$ _____

- m. Any other monthly expenses (list each below):

Paid to: How Much?
(1) _____ \$ _____
(2) _____ \$ _____
(3) _____ \$ _____

Total monthly expenses (add 11a – 11m above): \$ _____

Clerk stamps date here when form is filed.

If you are getting public benefits, are a low-income person, or do not have enough income to pay for household's basic needs and your court fees, you may use this form to ask the court to waive all or part of your court fees. The court may order you to answer questions about your finances. If the court waives the fees, you may still have to pay later if:

- You cannot give the court proof of your eligibility,
- Your financial situation improves during this case, or
- You settle your civil case for **\$10,000** or more. The trial court that waives your fees will have a lien on any such settlement in the amount of the waived fees and costs. The court may also charge you any collection costs.

Fill in court name and street address:

Fill in case number and name:

Case Number:

Case Name:

1 **Your Information** (person asking the court to waive the fees):

Name: _____

Street or mailing address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

2 **Your Job**, if you have one (job title): _____

Name of employer: _____

Employer's address: _____

3 **Your lawyer**, if you have one (name, firm or affiliation, address, phone number, and State Bar number): _____

a. The lawyer has agreed to advance all or a portion of your fees or costs (check one): Yes ☐ No ☐

b. (If yes, your lawyer must sign here) Lawyer's signature: _____

If your lawyer is not providing legal-aid type services based on your low income, you may have to go to a hearing to explain why you are asking the court to waive the fees.

4 **What court's fees or costs are you asking to be waived?**

- ☐ Superior Court (See *Information Sheet on Waiver of Superior Court Fees and Costs* (form FW-001-INFO).)
- ☐ Supreme Court, Court of Appeal, or Appellate Division of Superior Court (See *Information Sheet on Waiver of Appellate Court Fees and Costs* (form APP-015/FW-015-INFO).)

5 **Why are you asking the court to waive your court fees?**

a. ☐ I receive (check all that apply): ☐ Medi-Cal ☐ Food Stamps ☐ SSI ☐ SSP ☐ County Relief/General Assistance ☐ IHSS (In-Home Supportive Services) ☐ CalWORKS or Tribal TANF (Tribal Temporary Assistance for Needy Families) ☐ CAPI (Cash Assistance Program for Aged, Blind and Disabled)

b. ☐ My gross monthly household income (before deductions for taxes) is less than the amount listed below. (If you check 5b you must fill out 7, 8 and 9 on page 2 of this form.)

Family Size	Family Income	Family Size	Family Income	Family Size	Family Income	If more than 6 people at home, add \$389.59 for each extra person.
1	\$1,128.13	3	\$1,907.30	5	\$2,686.46	
2	\$1,517.71	4	\$2,296.88	6	\$3,076.05	

c. ☐ I do not have enough income to pay for my household's basic needs and the court fees. I ask the court to (check one): ☐ waive all court fees ☐ waive some of the court fees ☐ let me make payments over time (Explain): _____ (If you check 5c, you must fill out page 2.)

6 ☐ Check here if you asked the court to waive your court fees for this case in the last six months.

(If your previous request is reasonably available, please attach it to this form and check here: ☐)

I declare under penalty of perjury under the laws of the State of California that the information I have provided on this form and all attachments is true and correct.

Date: _____

Print your name here

Sign here

Your name: _____

If you checked 5a on page 1, do not fill out below. If you checked 5b, fill out questions 7, 8, and 9 only. If you checked 5c, you **must** fill out this entire page. If you need more space, attach form MC-025 or attach a sheet of paper and write Financial Information and your name and case number at the top.

- 7 ☐ Check here if your income changes a lot from month to month. Fill out below based on your average income for the past 12 months.

8 Your Monthly Income

- a. Gross monthly income (before deductions): \$ _____
List each payroll deduction and amount below:
- | | | | |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
| (4) | _____ | \$ | _____ |
- b. Total deductions (add 8a (1)-(4) above): \$ _____
- c. Total monthly take-home pay (8a minus 8b): \$ _____
- d. List the source and amount of any other income you get each month, including: spousal/child support, retirement, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest, trust income, annuities, net business or rental income, reimbursement for job-related expenses, gambling or lottery winnings, etc.
- | | | | |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
| (4) | _____ | \$ | _____ |
- e. Your total monthly income is (8c plus 8d): \$ _____

9 Household Income

- a. List all other persons living in your home and their income; include only your spouse and all individuals who depend in whole or in part on you for support, or on whom you depend in whole or in part for support.

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____

- b. Total monthly income of persons above: \$ _____

Total monthly income and household income (8e plus 9b): \$ _____

To list any other facts you want the court to know, such as unusual medical expenses, family emergencies, etc., attach form MC-025. Or attach a sheet of paper, and write Financial Information and your name and case number at the top. Check here if you attach another page. ☐

Important! If your financial situation or ability to pay court fees improves, you must notify the court within five days on form FW-010.

10 Your Money and Property

- a. Cash ----- \$ _____
- b. All financial accounts (List bank name and amount):
- | | | | |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
| (4) | _____ | \$ | _____ |
- c. Cars, boats, and other vehicles
- | Make / Year | Fair Market Value | How Much You Still Owe |
|-------------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- d. Real estate
- | Address | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |
- e. Other personal property (jewelry, furniture, furs, stocks, bonds, etc.):
- | Describe | Fair Market Value | How Much You Still Owe |
|-----------|-------------------|------------------------|
| (1) _____ | \$ _____ | \$ _____ |
| (2) _____ | \$ _____ | \$ _____ |
| (3) _____ | \$ _____ | \$ _____ |

11 Your Monthly Expenses

(Do not include payroll deductions you already listed in 8b.)

- a. Rent or house payment & maintenance \$ _____
- b. Food and household supplies \$ _____
- c. Utilities and telephone \$ _____
- d. Clothing \$ _____
- e. Laundry and cleaning \$ _____
- f. Medical and dental expenses \$ _____
- g. Insurance (life, health, accident, etc.) \$ _____
- h. School, child care \$ _____
- i. Child, spousal support (another marriage) \$ _____
- j. Transportation, gas, auto repair and insurance \$ _____
- k. Installment payments (list each below):
- Paid to:
- | | | | |
|-----|-------|----|-------|
| (1) | _____ | \$ | _____ |
| (2) | _____ | \$ | _____ |
| (3) | _____ | \$ | _____ |
- l. Wages/earnings withheld by court order \$ _____
- m. Any other monthly expenses (list each below):
- Paid to:
- | | How Much? |
|-----------|-----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |

Total monthly expenses (add 11a – 11m above): \$ _____